

**Prepared by:**

**David F. Delgado, Attorney**  
**DELGADO LAW FIRM, PLLC**  
**5779 Getwell Road, Bldg. D, Suite 5**  
**Southaven, MS 38672**  
**662-536-2120**  
**MS Bar No. 99983**  
**10-12-0200**

**Return to:**

**Mary Monteith, Attorney**  
**AUSTIN LAW FIRM, P.A.**  
**6928 Cobblestone Drive, Suite 100**  
**Southaven, MS 38672**  
**662-890-7575**

*512-10-0819*

**Address of Grantor:**

**William N. Phillips**  
**452 Fairway Oaks Drive**  
**Hernando, MS 38632**  
**Residence Phone: 662-449-4055**  
**Business Phone: N/A**

**Address of Grantee:**

*3751 Getwell Rd S.*  
*Hernando MS 38632*  
**Residence Phone:** *n-a*  
**Business Phone:** *901-485-9163*

**Karen Phillips Cox**  
**4509 W. Woodlawn Circle**  
**Collierville, TN 38017**  
**Residence Phone: 901-850-1059**  
**Business Phone: N/A**

**Indexing Instructions:** Lot 11, Wilco Estates Subdivision, located in Section 7, Township 4 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 9, Pages 19-22, in the Chancery Clerk's Office of DeSoto County, Mississippi.

**WARRANTY DEED**

**WILLIAM N. PHILLIPS, A Married Person, and**  
**KAREN PHILLIPS COX, A Married Person,**

**GRANTORS**

**TO**

**SUSAN ANGLIN,**  
**A Married Person**

**GRANTEE**

**FOR AND IN CONSIDERATION** of the sum of Ten Dollars (\$10.00), cash in hand paid by the Grantees to the Grantors, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, **WILLIAM N. PHILLIPS, A Married Person, and KAREN PHILLIPS COX, A Married Person,** do hereby grant, bargain, sell, convey and warrant unto **SUSAN ANGLIN, A Married Person,** the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

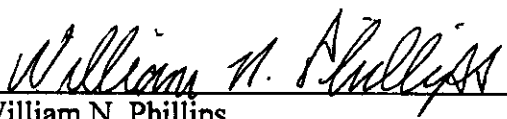
Lot 11, Wilco Estates Subdivision, located in Section 7, Township 4 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 9, Pages 19-22, in the Chancery Clerk's Office of DeSoto County, Mississippi, together with the improvements, hereditaments and appurtenances thereunto belonging.

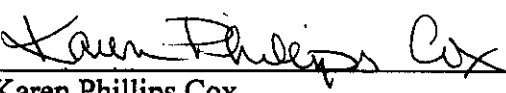
By way of explanation, title to the aforementioned property was obtained by the Last Will and Testament of Edna Mary Whittington Phillips in Cause No. 10-05-1106 whereby title was given to her children, William N. Phillips and Karen Phillips Cox. A copy Edna Mary Whittington Phillips' death certificate is attached for reference.

Grantors, William N. Phillips and Karen Phillips Cox both certify that this property is not a part of their homestead.

**TO HAVE AND TO HOLD** unto the Grantee, her heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following: subdivision and zoning regulations in effect in DeSoto County, Mississippi, to rights of way and easements for public roads and public utilities, and to the restrictive covenants of record for said subdivision. Taxes have been prorated for the year of 2011 will be paid by the Grantee when due. Possession is to be given upon delivery of the deed.

**WITNESS** our signatures this the 10<sup>th</sup> day of January, 2011.

  
William N. Phillips

  
Karen Phillips Cox

**STATE OF MISSISSIPPI  
COUNTY OF DESOTO**

Personally appeared before me, the undersigned authority in and for said State and County, on this the 10<sup>th</sup> day of January, 2011, within my jurisdiction the within named William N. Phillips and Karen Phillips Cox, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) who acknowledge that they executed the above and foregoing instrument.

  
Notary Public



My Commission Expires: 07/28/13

# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

DX # BK 650 PG 308



09449683

FILING  
DATE  
**APR 13 2010**

### CERTIFICATE OF DEATH STATE OF MISSISSIPPI

SPRINT 123  
NUMBER  
**2010-001308**

1. NAME First Middle Last <b>Edna Whittington Phillips</b>		2. SEX <b>F</b>	3. HOUR OF DEATH <b>10:45 pm</b>	3a. DATE OF DEATH (Month, Day, Year) <b>March 22, 2010</b>
4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>	5a. AGE AT LAST BIRTHDAY <b>86</b> Year	5b. MONTHS <b>12</b>	5c. DAYS <b>2</b>	6. DATE OF BIRTH (Month, Day, Year) <b>Feb. 7, 1924</b>
7. STATE OF BIRTH <b>NC</b>	8. PLACE OF DEATH (Check only one box) <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> DEATH OCCURRED ELSEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Other (Specify)			
9a. FACILITY NAME (If not a facility, give street address, route number, or other location) <b>296 Quail Ridge</b>		9b. CITY, TOWN OR LOCATION OF DEATH <b>Hernando</b>		9c. COUNTY OF DEATH <b>Desoto</b>
10. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>High School (9-12)</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	12. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>		13. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes or No) <b>No</b>
14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		15a. USUAL OCCUPATION (Kind of work done most of time) <b>Homemaker</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>
16a. RESIDENCE - STATE <b>MS</b>	16b. COUNTY <b>Desoto</b>	16c. CITY OR TOWN <b>Hernando</b>	17a. DISTRICT CITY LIMITS (Specify Yes or No) <b>No</b>	17b. STREET AND NUMBER OR RURAL LOCATION <b>296 Quail Ridge</b>
18. FATHER - NAME First Middle Last <b>Spainhower Whittington</b>		19. MOTHER - NAME First Middle Last <b>Mamie Meyers</b>		
20a. INFORMANT - NAME (Type or print) <b>Bill Phillips</b>		20b. RELATIONSHIP TO DECEDENT <b>Son</b>		
21a. DISPOSITION OF BODY (Specify Burial, Cremation, Removal, etc.) <b>Burial</b>		21b. CEMETERY, CREMATORY - NAME <b>Hernando Memorial Park</b>		
22a. FUNERAL HOME - NAME <b>Hernando Funeral Home MS</b>		22b. FUNERAL HOME LICENSE NUMBER <b>FE047</b>		
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) <b>Jeffery Pounders, CMEI</b>		23b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>452 Fairway Oaks Dr. Hernando, MS 38632</b>		
24a. CERTIFIER - NAME (Type or print) <b>Jeffery Pounders</b>		24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>4942 Pounders Rd. Nesbit, MS 38651</b>		
25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <b>SIGNATURE &gt;</b>		25b. On the basis of examination for medical, legal, or other reasons, death occurred due to the cause(s) and manner as stated. <b>SIGNATURE &gt;</b>		
25c. DATE SIGNED (Month, Day, Year) <b>March 22, 2010</b>		25d. STATE LICENSE NUMBER <b>Desoto County Coroner</b>		
25e. NAME OF ATTENDING PHYSICIAN OTHER THAN CERTIFIER (Type or Print)		25f. DATE SIGNED (Month, Day, Year) <b>Desoto Co Coroner</b>		
CAUSE OF DEATH 26. PART I - Enter the chain of causes, diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or brain failure without showing the primary. List only one cause at each link. DO NOT USE ABBREVIATIONS. <b>Chronic obstructive pulmonary disease</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) (d)				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) (d)				
27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not leading to the underlying cause given in PART I. <b>WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) YES</b>				
30. IF FEMALE, SPECIFY: <input type="checkbox"/> Was not pregnant within the past year <input type="checkbox"/> Was pregnant and time of death <input type="checkbox"/> Not pregnant, but had been pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				
31a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		31b. DATE OF INJURY (Month, Day, Year)	31c. HOUR OF INJURY	31d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
31e. INJURY AT WORK (Yes or No)	31f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	31g. LOCATION	31h. Street or route number	31i. City or town

Mississippi State Department of Health

Revised 1-4-08

Form 511

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

**APR 16 2010**

Judy M. Miller  
STATE REGISTRAR

**WARNING:** A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

**VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW**

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE